2021-2022 Request for Applications (RFA) for Tobacco Free Recovery Providers

The Indiana Department of Health's Tobacco Prevention and Cessation Division (TPC) has partnered with the Family Social Services Administration (FSSA) Division of Mental Health and Addiction to support providers with tobacco treatment strategies. This RFA aligns with the objectives and strategies outlined in the following:

2025 Indiana Tobacco Prevention and Cessation Strategic Plan:
https://www.in.gov/health/tpc/files/2025-IN-Tobacco-Control-Strategic-Plan.pdf.

Indiana Leadership for Wellness and Tobacco Free Recovery Initiatives:
https://secure.in.gov/isdh/tpc/files/Summit%20Progress%20Update%20(1).pdf

Who May Apply:

- DMHA Funded Providers who completed the 2021 DMHA Tobacco-Free Agency Assessment **(priority)**
- DMHA Funded Providers (who did not complete the 2021 DMHA Tobacco-Free Agency Assessment)
- Community Health Centers*
- Federally Qualified Health Centers*
- Hospital Systems *

*Must provide services and treatment to the substance use disorder (SUD) and/or behavioral health populations.

To avoid any potential or perceived conflict of interest between TPC grant recipients and tobacco-related entities, TPC requires any grantee shall not accept any funding, grant, gift, or in-kind donation from any tobacco manufacturer, distributor, or other tobacco-related entity during the grant period. TPC reserves the right to correct any errors in and/or omissions the RFA. Submission of an application does not guarantee a grant with the applicant.

Overall Requirement: Employee-Focused Healthy Workplace

Employers play an important role in protecting the health and safety of their workforce and their patients. Before an organization embarks on the important work of tobacco treatment and prevention, it is expected that an organizational structure is in place to foster an effective and sustainable tobacco-free culture and environment.

As a part of this process, applicants must demonstrate a commitment to tobacco prevention and treatment and provide a copy of the employee-focused benefit to address and support tobacco cessation. If the applicant does not have an employee tobacco-free (including e-cigarettes) benefit incentive or coverage, a commitment to form a benefit incentive and coverage along with an implementation timeline must accompany the application. Offering easily accessible tobacco dependence treatment services to employees through onsite employee assistance programs or through health plans creates the expectation for staff that employee wellness is an agency priority. This healthy workplace commitment must include both an education and communication plan for employees to promote tobacco-free living.

Agency Responsibilities

- Assure participation in TPC training events and technical assistance.
- Respond to periodic information requests in a timely manner.

- Participate in all evaluation and accountability activities.
- Complete an organizational baseline assessment of the knowledge, attitude, and beliefs of employees approximately 30 days after the initiation of the grant and 30 days prior to completion of the grant period. This tool emphasizes the staff perspectives on the relevance and importance of tobacco control and its impact on overall health outcomes. (An assessment tool will be provided)
- Submit a completed TPC Health Assessment Tool with the grant application. This tool allows the applicant to complete a readiness assessment that analyzes their current practices, infrastructure and capacity to implement tobacco control work. (attached) **Health Systems Change Assessment 6-4-21**
- Identify a grant lead or multi-disciplinary team to work closely with the designated technical assistance team; there will be monthly grant cohort meetings within 30-60 days of the beginning of the grant period. Grantees will be expected to use the workplan template provided to report progress each month. Individual technical assistance will be available on an as needed basis.

TPC Responsibilities
- Provide technical assistance and training throughout the grant cycle via site visits (unless there are COVID related restrictions), telephone, written communication, webinar, virtual meetings, electronic materials and resources.
- Provide management support through assigned TPC program staff.
- Communicate current tobacco control events at the international, national, state, and local levels.

Three -Tier Cessation Systems Strategies

To be eligible for funding, applicants must select at least one tier but have the option to select up to three. The goal of the grant is to develop and expand the applicant's current capacity to promote tobacco cessation. Applicants are not permitted to select strategies that are already established within their center/clinic practices. The tiers are sequential and progressive, intended to be building blocks toward a fully operational tobacco prevention and cessation environment.

TIER 1: PROMOTING TOBACCO-FREE ENVIRONMENTS, INCLUDING E-CIGARETTES

Tier 1 Funding: $15,000

Tobacco-free/Smoke-free air policies not only reduce secondhand smoke and secondhand aerosol exposure; they help encourage those who smoke or vape to quit. Strong, comprehensive clinic/center policies protect everyone and can further decrease all forms of tobacco including smokeless products.

If tier 1 is selected, the following strategies must be addressed in the application:
- Indoor and outdoor tobacco and e-cigarette free signage throughout the clinic/center and grounds.
- Identify staff or smoke/tobacco free taskforce/committee responsible for developing and implementing the smoke/tobacco free policy.
- Build capacity to educate new staff during onboarding and annually during staff trainings on the benefits of tobacco free air policies.

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- Build capacity to educate patients during visits on the benefits of tobacco free living.
- Coordinate messages and activities within the clinic/center to support a smoke/tobacco free environment.
- Provide a copy of the current policy with the proposal if there is a plan to update it.

Smoke free (SF) - the use of cigarettes, pipes, and other lit, heated or burning products is prohibited on the property by staff, clients and visitors

Tobacco Free (TF) - the use of cigarettes, pipes ,cigars, ENDS (e-cigarettes, smokeless tobacco, snus and other tobacco products are prohibited by staff, clients and visitors

Secondhand smoke (SHS) - smoke inhaled involuntarily from tobacco being smoked by others

Secondhand aerosol (SHA)- involuntarily inhaled from vapor (e-cig) being vaped by others

TIER 2: ASSESSMENT AND TREATMENT INTERVENTIONS FOR TOBACCO USE

Tier 2 Funding: $20,000

Quitting tobacco use is one of the best ways to improve overall health and receiving treatment for tobacco use and dependence approximately doubles individuals' chances of quitting. Tobacco use screening and brief intervention for treatment are effective preventive services with respect to health impact and cost-effectiveness. This brief intervention, Ask-Advise-Refer (AAR) involves the following steps:

Ask: Asking all clients about their tobacco and nicotine use, including vaping, is essential to addressing overall substance use dependence. Establishing a workflow that will identify all clients who use tobacco is a crucial strategy. Asking about tobacco use should be considered as important as evaluating vital signs or obtaining a medication history. Screening for tobacco/nicotine use and providing tobacco dependence treatment are positively associated with client satisfaction.

Advise: Clients identified as someone use uses tobacco should be strongly advised to quit. At the very least, these clients should be advised to *consider* quitting. The message should be clear and strong, yet personalized and sensitive. Advising clients to quit should be done in a way that shows concern for their well-being and overall treatment needs.

Refer: Direct clients to internal tobacco dependence treatment programs and/or to the Indiana Tobacco Quitline (ITQL). The ITQL is a free and confidential suite of services that help those who use tobacco quit all forms of tobacco, including e-cigarettes. To further support the behavioral health population, the ITQL has a comprehensive program where participants with behavioral health conditions receive enhanced services.

Treatment: Integrating tobacco dependence treatment into the clinical setting is essential to promoting overall health. This builds on the strength of engagement and assessment processes, with the hope that creating strong workflows to achieve the systems change necessary. Effective tobacco dependence treatment includes a combination of counseling and medications.

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If tier 2 is selected, the following strategies must be addressed in the application:

- Assist in developing, organizing, and implementing a training plan for clinical staff to use the AAR best practice model (including training on the ITQL).
- Implement a referral system (fax, electronic, and/or online) to the ITQL as a cessation treatment extender.
- Create a monthly AAR metric based on the center/clinic's census of patients. Implement a protocol that ensures every tobacco user is identified, offered evidence-based treatment (pharmacotherapy and counseling) (including the ITQL) and include documentation of identification and treatment.
- Identify staff responsible for tobacco treatment intervention. Create a multi-disciplinary team to review and monitor the clinical workflows and outcomes. The team can be comprised clinical staff, quality improvement/assurance team, unit director, nurse care manager, medical assistant, tobacco treatment specialist, etc.)
- On at least an annual basis, and during onboarding of new staff, offer training/technical assistance on evidence-based tobacco dependence treatments, current protocols and other available cessation resources, and provide continuing education (CE) credits and/or other incentives for participation (when applicable).
- Provide and promote resources such as ready access to the ITQL and other community resources, self-help materials, and information about effective tobacco dependence treatment medications.
- Dedicate staff and or a multi-disciplinary team to support tobacco dependence treatment and recommend assessing the delivery of this treatment in staff performance evaluations (if applicable).

TIER 3: INTEGRATING REFERRALS TO THE INDIANA TOBACCO QUITLINE INTO THE ELECTRONIC HEALTH RECORD
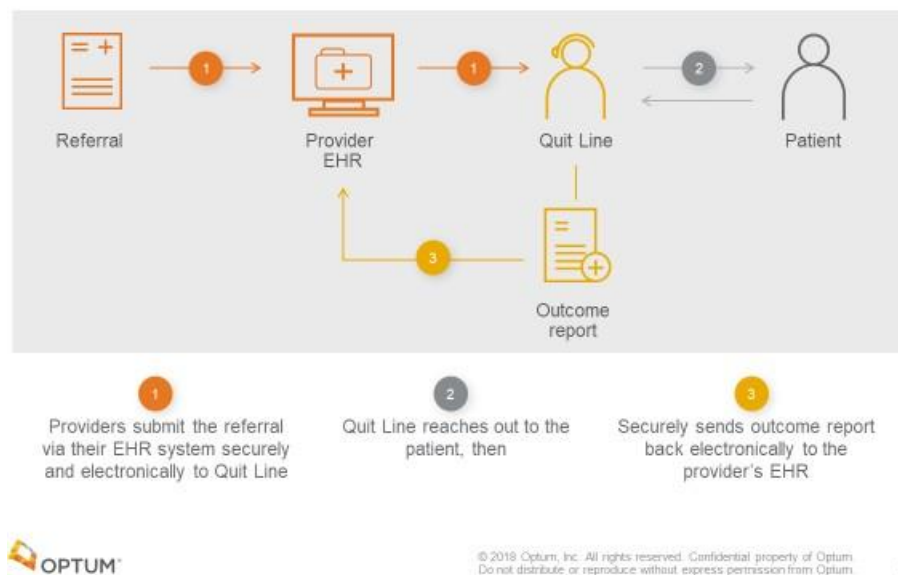
Tier 3 Funding: $15,000

The Indiana Tobacco Quitline service provider provides Quitline EHR (electronic health record) integration, which is an efficient referral provision for clinical treatment settings such as clinics and hospitals. The Indiana Tobacco Quitline service provider has the capacity to receive electronic referrals, including referrals from a variety of EHR systems, provided that referring entities have the technology to support the sharing of data using HIPAA-approved methods. The integration process supports referrals from EHR systems via fax, secure email, or secure FTP site. The integration of the Quitline can be accomplished through either the HL7 or SFTP file formats. The benefit of integration is to provide less touch points and fewer referral errors by securely making a client referral via the agency's EHR.

If tier 3 is selected, all the following strategies must be addressed:

- Establish an integration support team to include the agency's IT staff and clinicians to work with the Quitline to select the compatible pathway to build a portal in the EHR. This team will work through the building, testing, and production phases of integration.

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- Develop a training plan for staff who make referrals. Specifically, train on the Ask-Advise-Refer (AAR) best practice model, Indiana Tobacco Quitline Services Suite, QuitNowIndiana website, and the process of making referrals electronically.
- ***Establish a SMART goal for monthly referrals after the integration process is complete.***
- Create a strategy plan delineating how the EHR referral goals will be met.
- Create a follow up and monitoring plan after the integration is completed.

Round-trip electronic referrals

Referral → **Provider EHR** → **Quit Line** ⇄ **Patient**

Outcome report

1. Providers submit the referral via their EHR system securely and electronically to Quit Line
2. Quit Line reaches out to the patient, then
3. Securely sends outcome report back electronically to the provider's EHR

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Training – Additional Funding

Training: $5000

Training is for applicants who present a plan to have staff trained as tobacco treatment specialists and/or with evidence-based quality improvement training that focuses on sustaining systems change i.e., lean daily improvement or lean practitioner training. TTS training participants must successfully pass the TTS exam prior to the end of the grant cycle.

Funding Information

The project period is from November 1, 2021 - September 30, 2022. The total funding allocation for each applicant will be based on the tier(s) selected. As a reminder, the tiers are intended to be progressive. If you have current polices that fit the description for the tier, they must be submitted with your application for review.

Applicants may submit strategies for 1-3 tiers. If an agency has achieved a tier previously then their proposal must include documentation demonstrating the completion of that tier according to the strategy descriptions provided. Also, an applicant can request funding for a tier to reach the level of efficacy as described in the desired strategy descriptions.

Funds will be paid to the Lead Agency during the life of the grant upon receipt of invoice and program reports.
The grant award will vary based on need, program model, and available funding. It is the intention of TPC to award several grants with this call for applications.

Meetings and fiscal accountability

The selected organizations will identify a grant lead or multi-disciplinary team to work closely with the designated technical assistance team; there will be monthly grant cohort meetings within 30-60 days of the beginning of the grant period. Grantees will be expected to use the workplan template provided to report progress each month. Individual technical assistance will be available on an as needed basis.

Metrics and Reporting

Requirements to submit data at baseline (60 days within grant award) and every month thereafter. The data sample can be from the subset population in which the targeted tobacco efforts are focused. *Please note, the metrics are not applicable for grantees who select only Tier 1.*

- In the past month, **how many unique patients were served by your organization?**
- In the past month, **how many patients were screened for tobacco use at initial visit?**
- In the past month, **how many patients were identified as current tobacco users?**
- In the past month, **how many patients received a documented diagnosis of tobacco use disorder/nicotine dependence?**
- In the past month, **how many patients identified as tobacco users were provided tobacco dependence counseling services?**
- In the past month, **how many patients identified as tobacco users were offered or prescribed to FDA-approved tobacco treatment medication(s)?**
- In the past month, **how many patient referrals (fax, online portal, e-referral) were made to the Indiana tobacco Quitline?**

Final Report: Requirement at the end of grant (report template will be provided). Report will cover the following:
- Metrics improved, progress from the beginning to the end of grant
- Lessons learned, challenges
- Sustainability of change achieved and future strategies
- Report data on # of employees trained for various trainings

How to Apply

Applications should be submitted to TPC in accordance with the guidelines provided in this announcement.

- **The due date for applications is September 30, 2021, by midnight EST.**
- **The application must be submitted electronically ONLY to TPCApplications@isdh.in.gov**
- **A virtual orientation meeting will be scheduled once the grant awards are finalized.**

Technical Assistance with Applications
Applicants should submit questions to regsmith@isdh.in.gov, by 4:00pm on *September 15, 2021.*
All questions and answers will be posted on *September 22, 2021,* on the TPC/ISDH website at
https://www.in.gov/isdh/tpc/2348.htm.

The application must include:

- *Application Cover Sheet* (Form included in this document)

- *Scope of Work* – Bullet pointed summary of project deliverables to address the tier strategy(ies) selected.

- A limited number of items may be included in an Appendix including a letter of commitment from the CEO and relevant staff biographies and resumes.

Grant Proposal

*The following **bolded** headings can be included as a single, separate attachment within the electronic submission in any format that is preferred (i.e., Microsoft Word, PDF, Excel spreadsheet). Proposals should not exceed five pages.*

Organizational Readiness and Statement of Need:

- Provide evidence of organizational experience and commitment to this project.
- Describe the organization's client population.
- Include a review of current tobacco cessation or prevention needs relevant to the proposed tiered strategies and a description of the targeted population.
- Demonstrate the applicant's ability to implement the selected tiered strategies.

Soundness of proposed plan, strategy, activities, and dates

The proposal should:
- Include a timeline of the tiered strategy and expected outcomes.
- Demonstrate organization's current services and likelihood for a sustainable effort toward tobacco cessation related strategies after the grant period.
- Provide copy of current tobacco free policies

Review Process
All applications submitted will undergo a review process by TPC staff and a team of state and national experts.

Declaration

It is TPC policy that any organization or individual receiving funding from TPC must agree as a condition of receiving funds that they will not accept any funding from the tobacco industry.

The TPC may seek additional information from an applicant prior to or during the review of the application.

The TPC reserves the right to negotiate a modification of the proposed work plan and/or budget and will award funds after agreement has been reached.